

urine. Median incision, 4 cm. long, beginning a finger's breadth from the symphysis. The stone removed was flat, oval, rough, hard, of a gray yellow color, dimensions $4 \times 2\frac{1}{2} \times 1$ cm. It contained a cinnamon brown nucleus of the size of a bean. The drainage tube fell out on the fourth day, from the 12th all urine passed through the urethra. Discharged well on the 20th. II. A well-nourished boy, æt. $4\frac{1}{2}$ years, with two years' disease, slight vesical catarrh, and a faintly alkaline urine. The incision measured 2 cm., the stone $2 \times 1\frac{1}{2}$ cm., it was oval, light-brown, centrally hard, with softish peripheral layers. The drainage fell out about 24 hours after the operation; on the 8th day all urine passed through the urethra. On the 21st, left well. In both the operation was conducted under chloroform and $\frac{1}{12}$ grains of hydrochlorate of morphia. Having washed out the skin with a 1 per cent. carbolic solution, the author introduced a colpeurynter into the rectum, filled it with water, then injected into the urethra a 3 per cent solution of hydrochlorate of cocaine, emptied the bladder, washed it, and distended with 160 or 200 grammes of a 2 per cent. boracic lotion. The catheter was removed immediately after opening the viscus. The stone having been extracted, the bladder was again washed out with the boracic solution, and a drainage tube inserted at the lower angle of the abdominal wound. The remaining part of the latter was closed with muscular and cutaneous sutures, after which the wound was dried, powdered with iodoform and covered with hygroscopic cotton wool and ice bag. For the first 4 or 5 days, the dressing was changed 6 or 8 times daily, while the bladder was washed out through a catheter twice daily up to a complete closure of the vesical wound. In both of the patients the temperature oscillated between 38° and 40°C . for the first five days.—*Meditsinskoie Obozrenie*, No. 6, 1888.

IV. Two Cases of Suprapubic Lithotomy in Boys. By DR. NIKOLAI N. RÜSANOFF (Novokhopersk, Russia). (1) A boy, æt. 3 years. Having filled up the bladder with a warm boracic solution, Dr. Rüsanoff hooked the wall and made an incision between two hooks. At this stage there suddenly appeared in the narcotised child violent retchings which expelled the fluid from the viscus, while the

latter simultaneously slipped out from the author's hands to sink into the abdomen. Being unable to make out the incision, he made another and introduced a finger into the organ, but this time to his utter consternation, failed to detect any stone therein; in fact, the bladder proved to be empty, though the presence of a stone had been established beyond doubt just before the first incision. Anyhow, it remained only to close the abdominal wound, with three stitches, the vesical incision, or rather incisions were left open. On the third day while changing the dressing, an oval, oxalate stone, weighing 1 gramme, was found sticking to the wound, under the longest suture, and was easily extracted. Dr. Rüsanoff thinks the calculus had been ejected during the retching to bury itself somewhere in the antevesical cellular tissue. No suppuration occurred, the child making an excellent recovery. (2) A peasant boy, æt. 3 years. The bladder was fixed by means of stout silk threads and then incised. An oval, oxalic calculus, weighing 3.68 grammes, was extracted. The boy speedily recovered.—*Vratch*, No. 8, 1888.

VALERIUS IDELSON (Berne).

V. Tubercular Cystitis; Hypogastric Incision; Drainage; Good Functional Result. By EDMOND BLANC (Paris). After remarking that the capital indication in these cases is to secure physiological rest to the bladder by means of free drainage, the author relates the following case:

Jean B. V., æt. 14 years, admitted to the Hotel Dieu, July, 1886. One sister died of phthisis, another sister now suffering from the same disease. Patient first noticed bladder symptoms in April, '86. They were chiefly as follows: Hæmaturia, frequent painful micturition, pain radiating to the end of the penis and much aggravated by walking or riding, occasional sudden stoppage of flow during micturition, and passage of gravel, general condition most miserable. The urine contained blood, mucus and pus; bacilli were not looked for. The diagnosis lay between calculus and tubercular cystitis. The sound revealed a hard body at the posterior half of the bladder, causing a slight grating.

A suprapubic incision was made and the bladder thoroughly ex-